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PTO/SB/01 (10-00)
Approved for use through 10/31/2002. OMB 0651-0032
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DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION (37 CFR 1.63) <input type="checkbox"/> Declaration Submitted with Initial Filing OR <input checked="" type="checkbox"/> Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16 (e)) required)	Attorney Docket Number	501049.20564
	First Named Inventor	Itsik Shemer
	COMPLETE IF KNOWN	
	Application Number	10 / 672,385
	Filing Date	September 26, 2003
	Group Art Unit	
	Examiner Name	

As a below named inventor, I hereby declare that:

My residence, mailing address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

SIGNAL DELIVERY THROUGH THE RIGHT VENTRICULAR SEPTUM

(Title of the Invention)

the specification of which

☐ is attached hereto

OR

☒ was filed on (MM/DD/YYYY)

09/26/2003

as United States Application Number or PCT International

Application Number

10/672.385

and was amended on (MM/DD/YYYY)

(if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?	
				YES	NO
PCT/IL97/00233	PCT	07/09/1997	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
119,261	IL	09/17/1996	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
PCT/IL97/00012	PCT	01/08/1996	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
116,699	IL	01/08/1996	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

☐ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:

I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below.

Application Number(s)	Filing Date (MM/DD/YYYY)	<input checked="" type="checkbox"/> Attachment for regular US priority claimed.
60/009,769	01/11/1996	
60/026,392	09/16/1996	
60/011,117	02/05/1996	
60/202,382	05/04/2000	

[Page 1 of 2]

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ATTACHMENT FOR REGULAR US PRIORITY CLAIMED

08/595,365	02/01/1996	5,738,096
09/101,723	08/13/1998	6,317,631
09/563,544	05/01/2000	6,363,279
09/254,903	03/12/1999	6,415,178
09/848,535	05/03/2001	
10/188,726	07/02/2002	
10/039,845	10/23/2001	

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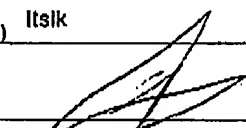
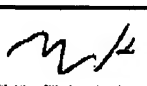
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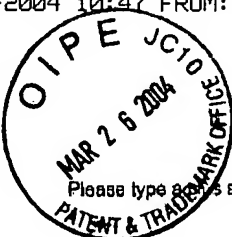
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DECLARATION — Utility or Design Patent Application

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Address 599 Lexington Avenue, 29th Floor					
City New York		State New York		ZIP 10022	
Country US		Telephone 212-521-5400		Fax 212-521-5450	
<p>I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements in such statements so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may invalidate the validity of the application or any patent issued thereon.</p>					
NAME OF SOLE OR FIRST INVENTOR:			<input type="checkbox"/> A petition has been filed for this inventor		
Given Name (first and middle (if any)) Itzik			Family Name or Surname Shemer		
Inventor's Signature 			Date 16.02.2004		
Residence: City Zichron Yaakov		State		Country IL	
Mailing Address 10A Malchei Yisrael Street					
Mailing Address					
City Zichron Yaakov		State		Country IL	
NAME OF SECOND INVENTOR:			<input type="checkbox"/> A petition has been filed for this inventor		
Given Name (first and middle (if any)) Yival			Family Name or Surname Mika		
Inventor's Signature 			Date 12/02/04		
Residence: City Shmurat Zichron Yaakov		State		Country IL	
Mailing Address 16 Inbar Street					
Mailing Address					
City Shmurat Zichron Yaakov		State		Country IL	
<input type="checkbox"/> Additional inventors are being named on the _____ supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.					

Please type agent's sign (+) inside this box → ☐

PTO/SB/01 (02-01)

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**POWER OF ATTORNEY OR
AUTHORIZATION OF AGENT**

Application Number	10/672,385
Filing Date	September 26, 2003
First Named Inventor	Itzik Shemer
Title	SIGNAL DELIVERY THROUGH THE RIGHT...
Group Art Unit	
Examiner Name	
Attorney Docket Number	501049.20564

I hereby appoint:

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Name	Registration Number
William H. Dippert	26,723

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

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<input checked="" type="checkbox"/> Firm or Individual	Name	Reed Smith LLP			
	Address	599 Lexington Avenue			
	Address	29th Floor			
	City	New York	State	New York	Zip
	Country	US			
	Telephone	212-521-5408	Fax	212-521-5450	

I am the:

☒ Applicant/Inventor.
☐ Assignee of record of the entire interest. See 37 CFR 3.71.
 Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).
SIGNATURE of Applicant or Assignee of Record

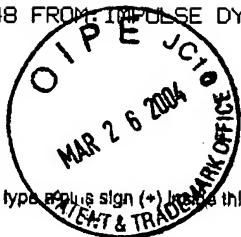
Name	Itzik Shemer
Signature	
Date	16.02.2004

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☐ *Total of _____ forms are submitted.

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Application Number	10/672,385
Filing Date	September 26, 2003
First Named Inventor	Itzik Shemer
Title	Signal Delivery Through...
Group Art Unit	
Examiner Name	
Attorney Docket Number	501049.20564

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Name	Registration Number
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Address	599 Lexington Avenue					
Address	29th Floor					
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Country	US					
Telephone	212-521-5408	Fax	212-521-5450			

I am the:

✓ Applicant/Inventor.

— Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).**SIGNATURE of Applicant or Assignee of Record**

Name	Yival Mjka
Signature	<i>Yival</i>
Date	12/02/04

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